

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
West Los Angeles	Southern	
EVALUATED BY		DATE
Sergeant C. Burch, #8564		09/04/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE	
<input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		10/01/2009	
FOLLOW-UP REQUIRED		COMMANDER'S REVIEW	DATE
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			10/12/09
BY _____			

1. USE AND ADEQUACY OF FACILITY

EVALUATED	ACTION REQUIRED	CORRECTED
09/04/2009		

a. Is the facility adequate? ☒ Yes ☐ No

(1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No

(a) Is storage space used effectively? ☒ Yes ☐ No

(b) Is lighting adequate? ☒ Yes ☐ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED	ACTION REQUIRED	CORRECTED
09/13/2009		

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Carpet throughout needs cleaning. The wall-covering in the lobby is torn. The mini-blinds in clerical are bent and worn. Some ceiling tiles are stained.

(1) Is interior lighting adequate? ☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms? ☐ Yes ☒ No

(1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No

(2) Is there enough space for both personal lockers and equipment lockers? ☐ Yes ☒ No

(3) Are there full length mirrors? ☒ Yes ☐ No

(4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION **FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	2009	
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours?	The doorways and gate are closed and locked.	

3. EXTERIOR APPEARANCE	EVALUATED 09/04/2009	ACTION REQUIRED	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	The close proximity to the freeway causes dust and dirt to rapidly accumulate on the exterior surfaces.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4. AUXILIARY POWER	EVALUATED 09/13/2009	ACTION REQUIRED	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?	Sergeant Yamashita		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. How often is the fuel supply replenished? Propane is replenished as needed.		
(1) At what level is it refilled? When it falls below 60%.		
g. Are there adequate numbers of emergency power outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they distinctively marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. EMPLOYEE PROTECTION AND FACILITY SECURITY	EVALUATED 09/13/2009	ACTION REQUIRED
a. Does Area have a written Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the plan have procedures for safeguarding employees during all types of emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does it have general facility security and building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the plan work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there sufficient management controls?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the plan designate duties and responsibilities to specific employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are both uniformed and nonuniformed employees included?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees informed of their responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Has the commander taken all responsible steps available to provide security?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Has the commander visited the facility after normal business hours to ensure security measures are in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the plan address dispatcher security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) How do Public Safety Dispatchers feel about the security provided?		
(2) Can dispatchers deal with the public without admitting them into the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Should modifications be made to provide better security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Would intercoms improve security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) How often are two or more dispatchers on duty?		
(5) How often are supervisors or other personnel in the building after normal business hours?		
(6) Are maximum safety and security measures taken within communications centers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Has training been given for all types of emergency situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have both uniformed and nonuniformed been given the training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	There are no fire hoses, the sprinklers cannot be tested, there are smoke alarms and fire extinguishers.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED 09/14/2009	ACTION REQUIRED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	As a result of the 04/21/09 inspection, the emergency power electrical outlets were marked, the emergency eye wash rack was repaired and the Area obtained a storage shed.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

CHP 454 (Rev. 5-06) OPI 009

DATE: 09/14/2009

Destroy Previous Editions

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Page 1 of 3

Command: WLA -565	Division: Southern	Chapter: 4
Inspected by: C. Burch, #8564		Date: 09/04/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 6	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Southern Division Due Date: 10/12/2009		
Chapter Inspection: 4 – Facility Maintenance and Security			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
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Inspector's Findings:

The inspector found the (18) eighteen year old facility to be in compliance. However, due to normal wear and tear, it is recommended the following items receive attention:

- 1) Carpet throughout the facility should be shampooed.
- 2) The wall covering in the lobby is worn and torn. It should be replaced.
- 3) The mini-blinds in the lobby, clerical, special duty, briefing and the sergeants' office have become worn, bent, discolored and inoperative. They should be replaced.
- 4) Some ceiling tiles are stained and should be replaced.
- 5) The new fuel island should have a photocell for its overhead lights. This will save energy and expense in the event they are not manually switched off during the day.
- 6) The Command is in need of a dedicated secure area for a breath intoxilizer machine. Facilities is currently working to have a partition wall built in the middle of the old wash bay which is now a storage facility. The budget is the restraint on proceeding further at this time.
- 7) Several evidence audits have identified the need for an outside storage building to secure bulk and other evidentiary materials which can not be stored inside the office evidence room. The building has been acquired however, the budget is the restraint on proceeding further at this time.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 3

Command: WLA -565	Division: Southern	Chapter: 4
Inspected by: C. Burch, #8564		Date: 09/04/2009

- 8) The mens and womens locker rooms currently house small single wide lockers for most personnel. Due to the increase in equipment personnel are required to carry with them, personnel currently must store many items on top of there lockers. This makes it difficult for the janitor to dust and clean the locker tops and does pose a minor safety concern. When budgetary funding is available the single lockers need to be changed out to double wide for all personnel. This may necessitate the moving of interior walls to provide adequate space for larger lockers. The budget is the restraint on proceeding further at this time.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

The Command concurs with the findings. The corrective recommendations involve budgetary issues which are not emergency or essential and do not meet the current expenditure request requirements. The Command will pursue accomplishment of the recommendations when funding is available.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Page 3 of 3

Command: WLA -565	Division: Southern	Chapter: 4
Inspected by: C. Burch, #8564		Date: 09/04/2009

Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/12/9
	INSPECTOR'S SIGNATURE 	DATE 10/6/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 10/14/09

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: West Valley	Division: Southern	Chapter: Four - HPG
Inspected by: Lt. Nelson		Date: 7/23/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2.5	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Southern Div. Due Date: October 10, 2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Facility management is in accordance with standards.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Concur.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Agree.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: West Valley	Division: Southern	Chapter: Four - HPG
Inspected by: Lt. Nelson		Date: 7/23/2009

Required Action
Corrective Action Plan/Timeline

N/A – Facility maintenance and security is within policy.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 7-23-09
	INSPECTOR'S SIGNATURE 	DATE 7-23-09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 10/14/09

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 4
FACILITY MAINTENANCE AND SECURITY

Area
580

Division
Southern

Number
501

Evaluated By *LT NELSON*

Date *7-23-09*

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☐ Formal ☒ Informal

Suspense Date 7/24/09

Follow-up Required

☐ Yes ☒ No

☐ Correction Report

by _____

Jeffrey D. Good *7/23/09*
 s Review Date Commander'

1. USE AND ADEQUACY OF FACILITY

Evaluated
☒

Action Required
☐

Corrected
☐

a. Is the facility adequate?

☒ Yes ☐ No

(1) Have steps been taken to modify or replace the current facility?

☐ Yes ☒ No

(a) If leased building, is owner abiding by the terms of the lease agreement?

☐ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment?

☒ Yes ☐ No

(a) Is storage space used effectively?

☒ Yes ☐ No

(b) Is lighting adequate?

☒ Yes ☐ No

(c) Are there provisions for prompt repair of the facility (plumbing, heating)?

☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance?

☒ Yes ☐ No

2. INTERIOR APPEARANCE

Evaluated
☒

Action Required
☐

Corrected
☐

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops?

(1) Is interior lighting adequate?

☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section?

☐ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood?

☒ Yes ☐ No

(a) Is the janitor aware of the supplies available through requisition process?

☒ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification?

☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function?

☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

e. Is there sufficient space available in both the men's and women's locker rooms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can several officers comfortably change clothes at the same time?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there enough space for both personal lockers and equipment lockers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there full length mirrors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are they clean and odor free, with adequate ventilation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?	Locked exterior and front desk officer	
3. EXTERIOR APPEARANCE	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
Corrected <input type="checkbox"/>		
a. Overall, what is the general appearance of the exterior of the facility?	Excellent	
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(4) Is there a parking area designated for motorcycles?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. AUXILIARY POWER	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Has the efficiency of the auxiliary power unit been tested?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Who knows how to start the unit should the self starter fail?			<i>ASM, ADMIN SGT & LT NELSON</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are operating instructions posted and easy to understand?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Is there a notice posted identifying who to contact should the unit fail?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Does log show Area personnel and Facilities Section have done weekly testing?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. How often is the fuel supply replenished? Every three months			
(1) At what level is it refilled?			
g. Are there an adequate number of emergency power outlets?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are they distinctively marked?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. EMPLOYEE PROTECTION AND FACILITY SECURITY	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Does Area have a written Emergency Action Plan?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Procedures for safeguarding employees during all types of emergencies?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Does it have general facility security and building evacuation procedures?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Does the Plan work?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are there sufficient management controls?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the Plan designate duties and responsibilities to specific employees?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are both uniformed and nonuniformed employees included?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are employees informed of their responsibilities?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Has the commander taken all reasonable steps available to provide security?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Has the commander visited the facility after normal business hours to ensure security measures are in place?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the Plan address dispatcher security? <i>N/A</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) How do Communication Operators feel about the security provided? <i>N/A</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Can Communication Operators deal with the public without admitting them into the building? <i>N/A</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Should modifications be made to provide better security? <i>N/A</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Would intercoms improve security? <i>N/A</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) How often are two or more Communication Operators on duty? <i>N/A</i>			

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(5) How often are supervisors or other personnel in the building after normal business hours?

Daily.

(6) Are maximum safety and security measures taken within dispatch centers? ☐ Yes ☒ No *N/A*

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

(2) Does the training include building evacuation procedures? ☒ Yes ☐ No

(3) Do all employees know where fire extinguisher and first aid kits are located? ☒ Yes ☐ No

(a) Do they know how to use them? ☒ Yes ☐ No

(4) Have all employees read the Emergency Action Plan? ☒ Yes ☐ No

(a) Do they know where its located? ☒ Yes ☐ No

f. Does the building contain asbestos? *GLUE HOLDING BASE BOARD* ☒ Yes ☐ No

(1) Are employees given a copy of the annual asbestos report to read? ☒ Yes ☐ No

(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work? ☐ Yes ☐ No

(3) Is the Notice posted on the Employee or Occupational Safety bulletin board? ☒ Yes ☐ No

(4) Do employees know what to do if they encounter asbestos in the building? ☒ Yes ☐ No

g. Are fire extinguishers provided and serviced as required by CAC? ☐ Yes ☒ No

(1) Are first aid kits provided as required by SAM? ☒ Yes ☐ No

(2) Is Standard Form 621 posted and up to date? ☒ Yes ☐ No

(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.? Excellent

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required? ☒ Yes ☐ No

(1) Have changes or updates been sent to the implementing agency? ☐ Yes ☐ No

6. SAFETY INSPECTION

Evaluated
☒

Action Required
☐

Corrected
☐

a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6? ☒ Yes ☐ No

b. Has the 113A been completed? ☒ Yes ☐ No

c. What improvements have been made by the commander as a result of the most recent inspection? Update the fire extinguishers & fix a drain and water pressure hose.

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(1) If recommendations required budgeting, have items been put into the budget suspense file?

☐ Yes ☐ No

d. Has the size of the operation outgrown the facility?

☐ Yes ☒ No

(1) If so, what remedial action has been taken?

OSHA COMPLIANCE: The West Valley Area received a full Cal OSHA safety inspection in April of 2009. The Area was required to remove ivy plants growing on and near the propane tank that supplies fuel to the back-up generator.

PERMITS: Fuel station permits are current and posted.

REGUALTIONS: Area is in full compliance with County of Los Angeles and State Fire Marshall regualtions.

MAINTENANCE, REPAIRS, AND ELECTRICAL USE: This Area maintains the facility in full operational condition at all times. If repairs are need that are beyond the capability of the Area's maintenance worker, a certified small business is used. The Area has set all five HVAC thermostats in accordance with the SAM Manual and two the five HVAC units are shut off after 5 PM on weekdays and off on weekends to conserve energy. Lights in rooms not in use are shut off.

EXPLAIN: How the Area is operating and dealing with the fiscal issues that are related to this Insp: This Area only purchases or spends funds on operational necessities items only.

RESPONSIBILITIES TO ENSURE A SAFE AND PRODUCTIVE WORK ENVIRONMENT:

The West Valley Command in March 2009, gave training regarding the location and contents of the Area's INJURY ILLNESS PREVENTION PROGRAMS (IIPP), EMERGENCY ACTION PLANS (EAP) AND EMPLOYEE ASSISTANCE PROGRAM (EAP). All hazardous materials are used by the Area's automotive technicians and the maintenance worker and the Area's WRITTEN HAZARDOUS COMMUNICATION PLANS (WHCP) and MATERIAL SAFETY DATA SHEETS (MSDS) are reviewed and updated annually and are available and stored in the ASM's office.

The area's generator was inspected by Telecom Section approximately eight months ago and the Area's propane tank was inspected by Cal OSHA and the Area's propane supplier in April of 2009. The Area's air compressor is less than two years old and is not required to be safety inspected yet. However, it was inspected by Cal OSHA in April of 2009.

COMBUSTIBLE MATERIALS ARE NOT STORED IN ROOMS CONTAINING GENERATORS, WATER HEATERS, OR BOILERS. The Area was inspected by the State Fire Marshall in 2008 and found to be in compliance.

The West Valley Area has an active Occupational Safety Committee that meets quarterly and that performed a semi-annual Area safety evaluation in March of 2009. The suggestion was to have the roof repaired to stop several leaks that could result in mold growth.

COMMENTS

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA 509/510	DIVISION Southern	NUMBER
EVALUATED BY A. Johnson		DATE 09/29/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW <i>[Signature]</i> LT. K. T. TYLER	
<input type="checkbox"/> Correction Report BY _____		DATE 10/6/09	
1. USE AND ADEQUACY OF FACILITY		EVALUATED Yes	ACTION REQUIRED Yes
		CORRECTED In process	

a. Is the facility adequate?

☐ Yes ☒ No

(1) Have steps been taken to modify or replace the current facility?

☒ Yes ☐ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement?

☐ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment?

☒ Yes ☐ No

(a) Is storage space used effectively?

☒ Yes ☐ No

(b) Is lighting adequate?

☒ Yes ☐ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)?

☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance?

☒ Yes ☐ No**2. INTERIOR APPEARANCE**

EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED In process
------------------	------------------------	-------------------------

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Floor condition is poor on all levels. Walls are in poor condition on the 2nd and 3rd levels. The ceilings on all levels are in good condition. Counter tops are in good condition.

(1) Is interior lighting adequate?

☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section?

☐ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood?

☐ Yes ☒ No

(a) Is the janitor fully aware of the supplies available through the requisition process?

☒ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification?

☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function?

☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities?

☒ Yes ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms?

☐ Yes ☒ No

(1) Can several officers comfortably change clothes at the same time?

☐ Yes ☒ No

(2) Is there enough space for both personal lockers and equipment lockers?

☐ Yes ☒ No

(3) Are there full length mirrors?

☒ Yes ☐ No

(4) Are they clean and odor free, with adequate ventilation?

☒ Yes ☐ No

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AREA MANAGEMENT EVALUATION

FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? 2009		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours? The doors are secured with automatic locks controlled with key cards.		
There are security cameras mounted at strategic locations.		

3. EXTERIOR APPEARANCE	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Overall, what is the general appearance of the exterior of the facility? The general appearance of the exterior is good.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4. AUXILIARY POWER	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? Auto tech and facility coordinator.		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. How often is the fuel supply replenished? Every six months		

(1) At what level is it refilled? 20%		
g. Are there adequate numbers of emergency power outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they distinctively marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Does Area have a written Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the plan have procedures for safeguarding employees during all types of emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does it have general facility security and building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the plan work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there sufficient management controls?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the plan designate duties and responsibilities to specific employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are both uniformed and nonuniformed employees included?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees informed of their responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Has the commander taken all responsible steps available to provide security?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Has the commander visited the facility after normal business hours to ensure security measures are in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the plan address dispatcher security?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) How do Public Safety Dispatchers feel about the security provided?		
(2) Can dispatchers deal with the public without admitting them into the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Should modifications be made to provide better security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Would intercoms improve security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) How often are two or more dispatchers on duty?		

(5) How often are supervisors or other personnel in the building after normal business hours?		
(6) Are maximum safety and security measures taken within communications centers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Has training been given for all types of emergency situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have both uniformed and nonuniformed been given the training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	Emergency equipment is in good condition.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED Yes	ACTION REQUIRED Yes
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	As a result of the last inspection several areas were identified with chipping paint and water damage and were determined to contain mold. The areas have been abated and repaired to prevent future damage. See CHP 454 for further.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	Several units have moved into the areas formerly occupied by the communication center.	

CHP 454 (Rev. 5-06) OPI 009

DATE: 09/29/2009

[illegible]

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA Newhall	DIVISION Southern	NUMBER 540
EVALUATED BY Sgt. Mike Brown		DATE 07/23/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 10/10/2009			
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 8-13-09			
1. USE AND ADEQUACY OF FACILITY		<table border="1"> <tr> <td>EVALUATED 7/24/2009</td> <td>ACTION REQUIRED 0</td> <td>CORRECTED 0</td> </tr> </table>	EVALUATED 7/24/2009	ACTION REQUIRED 0	CORRECTED 0
EVALUATED 7/24/2009	ACTION REQUIRED 0	CORRECTED 0			

a. Is the facility adequate? ☒ Yes ☐ No

(1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No

(a) Is storage space used effectively? ☒ Yes ☐ No

(b) Is lighting adequate? ☒ Yes ☐ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED 7/24/2009	ACTION REQUIRED 0	CORRECTED 0
-------------------------------	------------------------	----------------------	----------------

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? They are well maintained and kept clean. They are free from clutter and dust.

(1) Is interior lighting adequate? ☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No

(1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No

(2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No

(3) Are there full length mirrors? ☒ Yes ☐ No

(4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? February 24, 2009		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours? In addition to security patrols by CHP personnel, privacy screens and razor-wire on all fences, a self closing gate, call box in the parking lot, tinted windows, and combination locks on doors.		

3. EXTERIOR APPEARANCEEVALUATED
07/24/2009ACTION REQUIRED
1CORRECTED
1

a. Overall, what is the general appearance of the exterior of the facility? The facility was recently painted and is in satisfactory condition.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

4. AUXILIARY POWEREVALUATED
7/24/2009ACTION REQUIRED
0CORRECTED
0

a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? The area maintenance worker and Sergeant R. Miler #13086.		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION **FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Every two years or as needed.

(1) At what level is it refilled? 20%

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
7/24/2009

ACTION REQUIRED
0

CORRECTED
0

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? *N/A* ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? *N/A* ☐ Yes ☐ No

(3) Should modifications be made to provide better security? *N/A* ☐ Yes ☐ No

(a) Would intercoms improve security? *N/A* ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty? *N/A*

(5) How often are supervisors or other personnel in the building after normal business hours? *N/A*

(6) Are maximum safety and security measures taken within communications centers? *N/A* ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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AREA MANAGEMENT EVALUATION **FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	See attached.	

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6. SAFETY INSPECTION

	EVALUATED	ACTION REQUIRED	CORRECTED
--	-----------	-----------------	-----------

a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	See attached.	

(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 3

Command: Newhall	Division: Southern	Chapter: 4
Inspected by: Sgt. M. Brown, #17683		Date: 10/05/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3 Hours.	<input checked="" type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: Four – Facility Maintenance and Security Inspection			
Inspector's Comments Regarding Innovative Practices:			

The Newhall area has made several improvements to ensure the facility has the highest level of security. The facility is extremely well maintained and the command is using "more with less" during this tough economic time. The Newhall Area Office is a very positive representation of the CHP.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

During the inspection we found a few minor things that needed to be addressed. Most of the problems were able to be fixed. Some of the problems however, will not be able to be fixed at this time due to budgetary restraints. With that said, the Security and Maintenance of the Newhall Area is still within policy.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 3

Command: Newhall	Division: Southern	Chapter: 4
Inspected by: Sgt. M. Brown, #17683		Date: 10/05/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 3 of 3

Command: Newhall	Division: Southern	Chapter: 4
Inspected by: Sgt. M. Brown, #17683		Date: 10/05/2009

Required Action

Corrective Action Plan/Timeline

See attached CHP 51.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/6/09
	INSPECTOR'S SIGNATURE 	DATE 10/6/09
<input checked="" type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 10-15-09

SAFETY INSPECTION CHECKLIST

CHP 113A (Rev. 9-96) OPI 090

DIVISION
Southern

SECTION/AREA
Newhall / 540

☒ Indicates satisfactory

☒ Indicates correction needed (*explain fully in Remarks by number*)

A. PARKING LOTS

- ☒ 1. Access visibility
- ☒ 2. Traffic hazards
- ☒ 3. Chuck holes/weeds
- ☒ 4. Oil/grease spills
- ☒ 5. Fire Hazards
- ☒ 6. Drainage
- ☒ 7. Handicapped spaces
- ☒ 8. Debris/leaves
- ☒ 9. Other: No parking areas

B. BUILDING ENTRIES-EXITS

- ☒ 1. Sidewalks
- ☒ 2. Steps
- ☒ 3. Railings
- ☒ 4. Oil/grease spills
- ☒ 5. Lighting
- ☒ 6. Doors, swing out
- ☒ 7. Wet weather entry
- ☒ 8. Floor mats
- ☐ 9. Other:

C. FIRE PROTECTION

- ☒ 1. Extinguishers, hoses
- ☒ 2. Exits and exit signs
- ☒ 3. Heating system
 - ☐ A. If boiler, inspection tag
 - ☒ B. Water heaters, vents, valves
- ☒ 4. Ammo and shotgun storage
- ☒ 5. Flare storage
- ☐ 6. Other:

D. EQUIPMENT

- ☒ 1. Desks
- ☒ 2. Chairs, casters
- ☒ 3. Tables
- ☒ 4. Ladders
- ☒ 5. File cabinets
- ☒ 6. File drawers
- ☒ 7. Electrical
- ☐ 8. Other:

E. HOUSEKEEPING

- ☒ 1. Space utilization
- ☒ 2. Aisles, floors, stairs
- ☒ 3. Storage
- ☒ 4. Lighting
- ☒ 5. Ventilation
- ☒ 6. Electrical Cords
- ☒ 7. Fire hazards
- ☒ 8. Waste disposal
- ☐ 9. Other:

F. AUTOMOTIVE SERVICE

- ☒ 1. Windshield cleaning equip.
- ☒ 2. Housekeeping
- ☒ 3. Flammables
- ☒ 4. Electrical tools, grounding
- ☒ 5. Waste disp., covered cans
- ☒ 6. Ventilation
- ☒ 7. Washrack
- ☒ 8. Fire extinguishers
- ☒ 9. Dispenser equip. (*gas/oil*)
- ☒ 10. Spills
- ☒ 11. Vents clear
- ☒ 12. Eye wash station
- ☐ 13. Other:

G. PLASTIC BULLET RANGE

- ☒ 1. Control of live ammunition
- ☒ 2. Problem(s) from possible live ammunition
- ☒ 3. Backstop in repair
- ☐ 4. Other:

H. PERSONAL PROTECTIVE EQUIPMENT

- ☒ 1. Helmets and straps
- ☒ 2. Ear protection
- ☒ 3. Eye protection
- ☒ 4. Waterless soap
- ☐ 5. Other:

I. SAFETY BULLETIN BOARD

- ☒ 1. Neat and attractive
- ☒ 2. Display changed regularly
- ☒ 3. Safety messages
- ☒ 4. Required postings
- ☐ 5. Other:

REMARKS

A-2: Paint marking to assist motorists exiting the front parking lot are not clearly marked
A-9: Overhead light in front parking lot has unlatched glass cover
A-6: Water collects in the front parking lot in the 3rd stall on the south side west of the wrought iron gate
A-9: Vehicles in the rear lot were parking in red zones and no parking areas
E-2: Outlet cover in clerical area is not secure and presents a tripping hazard when walked upon
D-5: Cabinet doors in clerical staff area do not open correctly

INSPECTED BY

M. A. THORNTON 12861

DATE

08/06/2009

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
Central Los Angeles	Southern	590
EVALUATED BY	DATE	
Sgt. Cavanaugh	08/22/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW <i>K. Lane Lt. For C. Beard</i> DATE <i>10/5/09</i>

1. USE AND ADEQUACY OF FACILITY

EVALUATED Yes	ACTION REQUIRED N/A	CORRECTED
a. Is the facility adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(1) Have steps been taken to modify or replace the current facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(a) If a leased building, is the owner abiding by the terms of the lease agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Is storage space used effectively? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(b) Is lighting adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(d) Does the interior of the facility have a neat, businesslike appearance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. INTERIOR APPEARANCE

EVALUATED Yes	ACTION REQUIRED N/A	CORRECTED
a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? The floors, walls, ceilings and hallways are in good condition and not in need of repair. The counter tops especially in the employee break room are used by several individuals and are cleaned after each use.		
(1) Is interior lighting adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(2) If leased, have needed repairs been coordinated with Facilities Section? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(3) Are the duties of the janitor defined and clearly understood? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Is the janitor fully aware of the supplies available through the requisition process? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b. Is the layout of the general office areas appropriate for the assigned personnel or classification? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
e. Is there sufficient space available in both the men's and women's locker rooms? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(1) Can several officers comfortably change clothes at the same time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(2) Is there enough space for both personal lockers and equipment lockers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(3) Are there full length mirrors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Are they clean and odor free, with adequate ventilation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Destroy Previous Editions

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? 01/2009		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours? Mechanical gate to rear parking lot and exterior doors require key code for access. The front door to the lobby requires a key for access with a locked door requiring a key code to access office from lobby.		

3. EXTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED N/A	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility? The facility is relatively new and displays an excellent exterior appearance. The facility is clearly marked for the public and the landscaping is properly maintained.			
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4. AUXILIARY POWER	EVALUATED Yes	ACTION REQUIRED N/A	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail? Supervisors, ASM, and facility coordinator.			
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? The Area fuel supply is replenished every month.

(1) At what level is it refilled? The Area fuel level is refilled to approximately 8700 gallons.

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

Yes

ACTION REQUIRED

N/A

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☒ No

(1) How do Public Safety Dispatchers feel about the security provided? N/A

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	The emergency equipment is in good condition with an indoor and outdoor sprinkler system.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED Yes	ACTION REQUIRED N/A
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	None.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	N/A	
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

AREA MANAGEMENT EVALUATION SUPPLEMENT

CHP 454 (Rev. 5-06) OPI 009

SUBJECT: Area Management Evaluation/Facility Maintenance and Security - Central Los Angeles Area Page 5 DATE: 09/25/2009

SECTIONS	COMMENTS
PERMITS	Central Los Angeles Area fuel permits are current and posted in the enclosed structure at the fuel station island.
GUIDELINES	Central Los Angeles Area is in full compliance with the city of Los Angeles Fire Department and State Fire Marshall guidelines.
MAINTENANCE/ELECTRICAL USE	Central Los Angeles Area's air conditioning unit recently suffered mechanical problems causing water to leak from the ceiling in the briefing room and the employee break room. The problem was corrected and the HVAC thermostats are set to a specific temperature to avoid the units from freezing up, which would lead to a recurrence of the problem and added expenditures to the Area for repairs. If adjustments to the thermostat need to be made, employees need to contact a supervisor who will in turn notify the facilities coordinator who will make the adjustment. The Area's employees are encouraged to turn off lighting when specific rooms are not in use and some rooms utilize timer switches for lighting to conserve energy.
SAFE AND PRODUCTIVE WORK ENVIRONMENT	Central Los Angeles Area's Injury Illness Prevention Program (IIPP) and Emergency Action Plan (EAP) were currently updated. A briefing item was prepared advising employees where to locate IIPP and EAP. Employees are advised to review the IIPP and EAP during their annual performance evaluations. The Area's Written Hazardous Communication Plan (WHCP) and Material Safety Data Sheets (MSDS) are available and stored in the ASM's office. There is also a copy of the MSDS along with the IIPP and EAP stored in the employee break room for employees to access.
	There are several "Evacuation Plans" attached to various walls in the Area to advise employees of which routes to utilize when exiting the facility during an emergency, location of fire extinguishers and locations of first aid kits.
	Central Los Angeles Area has a concrete ramp leading to the front door of the lobby and another leading to a back door of the facility ensuring the Area complies with the American's With Disabilities Act.

AREA MANAGEMENT EVALUATION SUPPLEMENT

CHP 454 (Rev. 5-06) OPI 009

SUBJECT: Area Management Evaluation/Facility Maintenance and Security - Central Los Angeles Area Page 6 DATE: 09/25/2009

[illegible]

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: Central Los Angeles	Division: Southern	Chapter: Four HPG 22.1
Inspected by: Sgt. M. Cavanaugh		Date: 09/25/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 5.0	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Southern Division Due Date: 10/10/2009		
Chapter Inspection: CHAPTER 4 HPG 22.1 – FACILITY MAINTENANCE AND SECURITY			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:
--

None

Inspector's Findings:

Facility Management is in accordance with guidelines

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Concur

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Agree

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Central Los Angeles	Division: Southern	Chapter: Four HPG 22.1
Inspected by: Sgt. M. Cavanaugh		Date: 09/25/2009

Required Action
Corrective Action Plan/Timeline

Facility Maintenance and security is within policy.

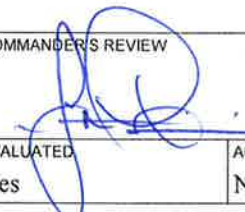
<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>C. BEAM</i>	DATE <i>10/3/09</i>
	INSPECTOR'S SIGNATURE <i>Michael G. L.</i>	DATE <i>9/25/09</i>
<input checked="" type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>Herneth Lane</i>	DATE <i>10/5/09</i>

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
Antelope Valley	Southern	545
EVALUATED BY		DATE
Sergeant R. McKee, #12090		08/25/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	
<input type="checkbox"/> Correction Report BY _____		DATE 9-29-09	
1. USE AND ADEQUACY OF FACILITY		EVALUATED Yes	ACTION REQUIRED No
		CORRECTED N/A	

a. Is the facility adequate? ☒ Yes ☐ No

(1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No

(a) Is storage space used effectively? ☒ Yes ☐ No

(b) Is lighting adequate? ☒ Yes ☐ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? All are in good condition.

(1) Is interior lighting adequate? ☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No

(1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No

(2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No

(3) Are there full length mirrors? ☒ Yes ☐ No

(4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? 2009.		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours? Front door is locked, gates are closed, garage doors are closed.		

3. EXTERIOR APPEARANCE	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	N/A
a. Overall, what is the general appearance of the exterior of the facility? Building paint and landscaping are in good condition.			
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

4. AUXILIARY POWER	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	N/A
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail? Officer Moya and Officer Heidebrink			
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Every four months.

(1) At what level is it refilled? 50%.

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? *ALL OUTLETS ARE CONNECTED TO AUXILIARY POWER* ☐ Yes ☒ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

N/A

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? *N/A* ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? *N/A*

(2) Can dispatchers deal with the public without admitting them into the building? *N/A* ☐ Yes ☐ No

(3) Should modifications be made to provide better security? *N/A* ☐ Yes ☐ No

(a) Would intercoms improve security? *N/A* ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty? *N/A*

(5) How often are supervisors or other personnel in the building after normal business hours? *N/A*

(6) Are maximum safety and security measures taken within communications centers? *N/A* ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

(2) Does the training include building evacuation procedures? ☒ Yes ☐ No

(3) Do all employees know where fire extinguisher and first aid kits are located? ☒ Yes ☐ No

(a) Do they know how to use them? ☒ Yes ☐ No

(4) Have all employees read the Emergency Action Plan? ☒ Yes ☐ No

(a) Do they know where it's located? ☒ Yes ☐ No

f. Does the building contain asbestos? ☒ Yes ☐ No

(1) Are employees given a copy of the annual asbestos report to read? ☒ Yes ☐ No

(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work? ☒ Yes ☐ No

(3) Is a copy of the notice posted on the employee or occupational safety bulletin board? ☒ Yes ☐ No

(4) Do employees know what to do if they encounter asbestos in the building? ☒ Yes ☐ No

g. Are fire extinguishers provided and serviced as required by the California Administrative Code? ☒ Yes ☐ No

(1) Are first aid kits provided as required by the State Administrative Manual? ☒ Yes ☐ No

(2) Is STD 621, Notice to State Employees, posted and up to date? ☒ Yes ☐ No

(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.? Good.

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required? ☒ Yes ☐ No

(1) Have changes or updates been sent to the implementing agency? ☒ Yes ☐ No

6. SAFETY INSPECTION

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

N/A

a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual? ☒ Yes ☐ No

b. Has the CHP 113A, Safety Inspection Checklist, been completed? ☒ Yes ☐ No

c. What improvements have been made by the commander as a result of the most recent inspection? Briefing room doors fixed to allow easier closing.

(1) If recommendations required budgeting, have items been put into the budget suspense file? ☐ Yes ☐ No

d. Has the size of the operation outgrown the facility? ☐ Yes ☒ No

(1) If so, what remedial action has been taken?

AREA MANAGEMENT EVALUATION SUPPLEMENT

CHP 454 (Rev. 5-06) OPI 009

SUBJECT: Chapter 4 Facility Maintenance and Security Inspection.


DATE: 08/25/2009

[illegible]

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Antelope Valley	Division: Southern	Chapter: 4
Inspected by: Sergeant R. McKee, #12090		Date: 08/25/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Southern Division Due Date: Oct. 12, 2009	Commander's Signature: 	Date: 09/29/09
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

2.e- Both the male and female locker rooms are full to capacity. Any substantial increase in personnel will impact the effectiveness of the locker rooms.

3.f (2)- Facilities Section recommends marking Violation Clearance parking spaces, however it is not required. Due to limited parking in front of the office, the area has chosen not to mark spaces.

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 2

Command: Antelope Valley	Division: Southern	Chapter: 4
Inspected by: Sergeant R. McKee, #12090		Date: 08/25/09

Commander's Response:

I concur with the findings.

Inspector's Comments:

None.

Required Action

Corrective Action Plan/Timeline

None.

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 3

Command: Antelope Valley	Division: Southern	Chapter: 4
Inspected by: Sergeant R. McKee, #12090		Date: 08/25/09

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Commander's Basis for Appeal:

N/A

Appeal Review/Decision: *(This shall be the only level of appeal).*

Lead Inspector's Signature:

Date:

Responding Commander's Signature (for appeal):

Date:

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA Altadena	DIVISION Southern	NUMBER 575
EVALUATED BY A. Primeaux		DATE 09/16/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 11-09-09
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW 
<input type="checkbox"/> Correction Report BY _____		DATE 10-9-09

1. USE AND ADEQUACY OF FACILITY

EVALUATED X	ACTION REQUIRED	CORRECTED
----------------	-----------------	-----------

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED X	ACTION REQUIRED X	CORRECTED
----------------	----------------------	-----------

- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? An area on a wall in the special duty office (next to the Training Officer's desk) is damaged and in need of repair. The Department of General Services has been notified concerning the damage and advised us that it will not be repaired at this time due to budgetary constraints.
- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☒ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☐ Yes ☒ No

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? September 2009		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours? Locking the front doors, rear doors only accessible by keypad and automatic closing gate in the rear parking lot.		

3. EXTERIOR APPEARANCE	EVALUATED	ACTION REQUIRED	CORRECTED
	X		

a. Overall, what is the general appearance of the exterior of the facility? Well maintained.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

4. AUXILIARY POWER	EVALUATED	ACTION REQUIRED	CORRECTED
	X		

a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? Instructions are posted and clearly visible.		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

d. Is there a notice posted identifying who to contact should the unit fail?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. How often is the fuel supply replenished? Once a month.		
(1) At what level is it refilled? At 1900 gallons		
g. Are there adequate numbers of emergency power outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they distinctively marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. EMPLOYEE PROTECTION AND FACILITY SECURITY	EVALUATED X	ACTION REQUIRED
a. Does Area have a written Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the plan have procedures for safeguarding employees during all types of emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does it have general facility security and building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the plan work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there sufficient management controls?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the plan designate duties and responsibilities to specific employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are both uniformed and nonuniformed employees included?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees informed of their responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Has the commander taken all responsible steps available to provide security?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Has the commander visited the facility after normal business hours to ensure security measures are in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the plan address dispatcher security? N / A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) How do Public Safety Dispatchers feel about the security provided?		
(2) Can dispatchers deal with the public without admitting them into the building?		
(3) Should modifications be made to provide better security?		
(a) Would intercoms improve security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) How often are two or more dispatchers on duty?		
(5) How often are supervisors or other personnel in the building after normal business hours? Daily.		
(6) Are maximum safety and security measures taken within communications centers?		
e. Has training been given for all types of emergency situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have both uniformed and nonuniformed been given the training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	Well maintained.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED X	ACTION REQUIRED
CORRECTED 		
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	The Commander has assigned a supervisor to make the necessary contacts to address and correct the issues in and around the facility.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	The Department made aware of the need for a larger facility, however, the Department has determined that it cannot commit to an immediate resolution due to the current budgetary constraints.	

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Altadena	Division: Southern	Chapter: 4
Inspected by: A. Primeaux		Date: 10-09-2009

Page 1 of 3

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:
--

N/A

Inspector's Findings:

Upon completion of the Facility Maintenance and Security Evaluation (Chapter 4), the determination is that the facility is operating appropriately. The use and adequacy of the facility is efficient. The exterior appearance is neat and well maintained. The auxiliary power is regularly monitored and accessible by trained personnel. The emergency action plan has been developed and is in place for employee protection and facility security.

The sole fiscally related facility issue relates to the damage wall addressed in item 2(a) of the Inspection Checklist, which will be repaired at the discretion of the Department of General Services. Other items were noted and will be corrected accordingly. Under section 2 (e) 4 of the Interior Appearance, there are items stored on top of the lockers in the men's locker room. A briefing item will be generated that will address this issue. Under section 2 (g) 3 of the Interior Appearance, posted items do not have a removal date. Likewise, a briefing item will be generated in order to implement a system for consistent purging.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

I concur with the inspector's findings.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Altadena	Division: Southern	Chapter: 4
Inspected by: A. Primeaux		Date: 10-09-2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

The commander will ensure that briefing items are generated that will address the need for the removal of items on top of the lockers and also institute a new system of purging out-dated postings from the bulletin boards.

Required Action

Corrective Action Plan/Timeline

The corrective action plan/ timeline will be 30 days from the date of this evaluation. Officers will be directed to remove items from atop of their lockers and maintain the cleanliness of the locker room. The new system of purging out-dated material from the bulletin boards will be implemented.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10-9-09
	INSPECTOR'S SIGNATURE 	DATE 10-9-09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 10-20-09

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: 550	Division: Southern	Chapter: 4
Inspected by: R. Headden, Sgt. #10267		Date: 10/09/2009

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 8 hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date: 10/12/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

Use and Adequacy of Facility:

The Santa Fe Springs has long outgrown the available square footage of the current facility. All available space is currently maximized.

The Santa Fe Springs Area is currently budgeted for replacement. Facilities Section is currently working on locating a suitable location for the construction of a new facility.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
--

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: 550	Division: Southern	Chapter: 4
Inspected by: R. Headden, Sgt. #10267		Date: 10/09/2009

Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/12/2009
	INSPECTOR'S SIGNATURE 	DATE 10/09/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE  CE.	DATE 10/12/09

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
Santa Fe Springs	Southern	550
EVALUATED BY		DATE
R. Headden, Sgt. #10267		10/09/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE
<input checked="" type="checkbox"/> Formal Evaluation	<input type="checkbox"/> Informal Evaluation	10/12/2009
FOLLOW-UP REQUIRED		COMMANDER'S REVIEW
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report	DATE
BY _____		10/12/2009

1. USE AND ADEQUACY OF FACILITY

EVALUATED	ACTION REQUIRED	CORRECTED
10/09/2009		

a. Is the facility adequate? ☐ Yes ☒ No

(1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No

(a) Is storage space used effectively? ☐ Yes ☒ No

(b) Is lighting adequate? ☐ Yes ☒ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED	ACTION REQUIRED	CORRECTED
10/09/2009		

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops?

(1) Is interior lighting adequate? ☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms? ☐ Yes ☒ No

(1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No

(2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No

(3) Are there full length mirrors? ☒ Yes ☐ No

(4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

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AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? (October 9, 2009)		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours? The facility is locked, unnecessary lighting is turned off. Supervisors and Officers routinely check the facilities external entrances during "non-business" hours.		

3. EXTERIOR APPEARANCEEVALUATED
10/09/2009

ACTION REQUIRED

CORRECTED

a. Overall, what is the general appearance of the exterior of the facility? The exterior of the facility is clean and clear of any obstructions. The lighting is adequate and no discrepancies were noted.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4. AUXILIARY POWEREVALUATED
10/09/2009

ACTION REQUIRED

CORRECTED

a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? Sergeants, Janitor, Automotive Technicians		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☐ Yes ☐ No

f. How often is the fuel supply replenished? Monthly

(1) At what level is it refilled? (Fuel loss due to use or evaporation is replaced monthly)

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
10/09/2009

ACTION REQUIRED

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☒ No

(1) How do Public Safety Dispatchers feel about the security provided? (Not applicable at this facility)

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☒ No

(3) Should modifications be made to provide better security? ☐ Yes ☒ No

(a) Would intercoms improve security? ☐ Yes ☒ No

(4) How often are two or more dispatchers on duty? (Not applicable)

(5) How often are supervisors or other personnel in the building after normal business hours? Periodically throughout each shift and at all shift changes.

(6) Are maximum safety and security measures taken within communications centers? ☒ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009


(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.? (Fire extinguishers are inspected quarterly and maintained as necessary.)		
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED 10/09/2009	ACTION REQUIRED CORRECTED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection? None		
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken? (Currently the Area is in the Budget cycle for facility replacement)		

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Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 4
 FACILITY MAINTENANCE AND SECURITY

Area Castaic Enforcement Facility	Division Southern	Number 541
Evaluated By Sgt. Morrison, #11408		Date 09/30/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal		Suspense Date	
Follow-up Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Correction Report by _____	 Commander's Review	10-6-09 Date
1. USE AND ADEQUACY OF FACILITY		Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
Corrected <input type="checkbox"/>			
a. Is the facility adequate? (Refer to comments) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(1) Have steps been taken to modify or replace the current facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(a) If leased building, is owner abiding by the terms of the lease agreement? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Is storage space used effectively? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(b) Is lighting adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(c) Are there provisions for prompt repair of the facility (plumbing, heating)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(Refer to comments)			
(d) Does the interior of the facility have a neat, businesslike appearance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. INTERIOR APPEARANCE		Evaluated <input type="checkbox"/>	Action Required <input checked="" type="checkbox"/>
Corrected <input type="checkbox"/>			
a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? (The Area's floors and counter tops are in poor condition and need to be replaced).			
(1) Is interior lighting adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(2) If leased, have needed repairs been coordinated with Facilities Section? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
(3) Are the duties of the janitor defined and clearly understood? (Outside Contract) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Is the janitor aware of the supplies available through requisition process? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b. Is the layout of the general office areas appropriate for the assigned personnel or classification? (Refer to comments) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? (Refer to comments) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

e. Is there sufficient space available in both the men's and women's locker rooms?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Can several officers comfortably change clothes at the same time?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there enough space for both personal lockers and equipment lockers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are there full length mirrors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are they clean and odor free, with adequate ventilation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	(Sept/2009)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?		
(This facility is staffed 24/7 by Sworn personnel 365 days per years)		
3. EXTERIOR APPEARANCE	Evaluated <input type="checkbox"/>	Action Required <input checked="" type="checkbox"/>
Corrected <input type="checkbox"/>		
a. Overall, what is the general appearance of the exterior of the facility?	(Neat & Clean)	
b. Are all painted surfaces neat and clean, free of peeling paint?	(Recently painted) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	(Refer to comments) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	(Refer to comments) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(1) Are parking lines clearly painted?	(Recently painted) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(4) Is there a parking area designated for motorcycles? (N/A) <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. AUXILIARY POWER	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Has the efficiency of the auxiliary power unit been tested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b. Who knows how to start the unit should the self starter fail? (Admin. Asst. & Sgts) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. Are operating instructions posted and easy to understand? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
d. Is there a notice posted identifying who to contact should the unit fail? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
e. Does log show Area personnel and Facilities Section have done weekly testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
f. How often is the fuel supply replenished? (Rarely used – Checked monthly)			
(1) At what level is it refilled? (N/A)			
g. Are there an adequate number of emergency power outlets? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(1) Are they distinctively marked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. EMPLOYEE PROTECTION AND FACILITY SECURITY	Evaluated <input type="checkbox"/>	Action Required <input checked="" type="checkbox"/>	Corrected <input type="checkbox"/>
a. Does Area have a written Emergency Action Plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b. Procedures for safeguarding employees during all types of emergencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(1) Does it have general facility security and building evacuation procedures? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Does the Plan work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(3) Are there sufficient management controls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. Does the Plan designate duties and responsibilities to specific employees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(1) Are both uniformed and nonuniformed employees included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Are employees informed of their responsibilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(3) Has the commander taken all reasonable steps available to provide security? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
d. Does the Plan address dispatcher security? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(1) How do Communication Operators feel about the security provided? (N/A) <input type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Can Communication Operators deal with the public without admitting them into the building? (N/A) <input type="checkbox"/> Yes <input type="checkbox"/> No			
(3) Should modifications be made to provide better security? (Refer to comments) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Would intercoms improve security? (Already installed – in use) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(4) How often are two or more Communication Operators on duty? (N/A)			

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(5) How often are supervisors or other personnel in the building after normal business hours? **(24/5)**

(6) Are maximum safety and security measures taken within dispatch centers? **(N/A)** ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

(2) Does the training include building evacuation procedures? ☒ Yes ☐ No

(3) Do all employees know where fire extinguisher and first aid kits are located? ☒ Yes ☐ No

(a) Do they know how to use them? ☒ Yes ☐ No

(4) Have all employees read the Emergency Action Plan? ☒ Yes ☐ No

(a) Do they know where its located? ☒ Yes ☐ No

f. Does the building contain asbestos? ☐ Yes ☒ No

(1) Are employees given a copy of the annual asbestos report to read? **(N/A)** ☐ Yes ☐ No

(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work? **(N/A)** ☐ Yes ☐ No

(3) Is the Notice posted on the Employee or Occupational Safety bulletin board? **(N/A)** ☐ Yes ☐ No

(4) Do employees know what to do if they encounter asbestos in the building? **(N/A)** ☐ Yes ☐ No

g. Are fire extinguishers provided and serviced as required by CAC? ☒ Yes ☐ No

(1) Are first aid kits provided as required by SAM? ☒ Yes ☐ No

(2) Is Standard Form 621 posted and up to date? ☒ Yes ☐ No

(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.? **(N/A)**

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required? ☒ Yes ☐ No

(1) Have changes or updates been sent to the implementing agency? ☒ Yes ☐ No

6. SAFETY INSPECTION

Evaluated
☒

Action Required
☐

Corrected
☐

a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6? ☒ Yes ☐ No

b. Has the 113A been completed? ☒ Yes ☐ No

c. What improvements have been made by the commander as a result of the most recent inspection?

1). All interior lighting has been repaired. 2). All old wiring under scale head has been identified and

removed. 3). All trees have been trimmed back along fence line and brush cleared. 4). The entire

facility has been re-striped with reflective material. 5). The Commander is continuing to pursue various avenues in which to upgrade the facility, to include new security cameras and outside lighting.

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(1) If recommendations required budgeting, have items been put into the budget
suspense file?

☒ Yes ☐ No

d. Has the size of the operation outgrown the facility?

☒ Yes ☐ No

(1) If so, what remedial action has been taken?

**Per Caltrans – the facility was scheduled for a complete remodeling in 1999, however, due
to budget constraints this date has been pushed back indefinitely.**

COMMENTS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 3

Command: Castaic	Division: Southern	Chapter: 4
Inspected by: Sgt. D. E. Morrison, #11408		Date: October 6, 2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Forward to:		
	Due Date:		

Chapter Inspection: 4

Inspector's Comments Regarding Innovative Practices:

The Area Commander is continuing to pursue various avenues in which to upgrade the facility, to include new security cameras and outside lighting.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

1. USE AND ADEQUACY OF FACILITY

The Castaic Enforcement Facility was built in 1964. Since that time, there have been three upgrades to the property. The first occurred in 1985, when the scale house office area was expanded and remodeled. The second was in 1993. It was at this time that the facility became an individual command separate from the Newhall Area. As a temporary solution, a modular trailer was placed adjacent to the scale house to be utilized by managerial and clerical staff. This upgrade was to last no longer than 10 years. The third upgrade occurred in 1994, when the scale house building was expanded to include a kitchen, storage area, and two locker rooms, with restroom and shower facilities included.

Since that time, there has been a significant increase in the amount of commercial traffic utilizing the I-5 freeway adjacent to the Facility. As such, the Castaic Enforcement Facility is now one of the busiest commercial facilities in the State with respect to the volume of commercial vehicles it regulates. Statistics reveal that approximately 7, 000 to 8,000 trucks are directed through the Facility each day. Unfortunately, while many other commercial facilities throughout the State have been renovated and/or re-built; the plans to completely modernize and/or renovate the Castaic Enforcement Facility have not been realized due to consistent budget constraints over the past several years.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Castaic	Division: Southern	Chapter: 4
Inspected by: Sgt. D. E. Morrison, #11408		Date: October 6, 2009

Page 2 of 3

CONTINUED:

In August of 2005, the State Department of Transportation (Caltrans) performed a bi-annual review of the Castaic Enforcement Facility. Of notable concern was their assessment of the scale house itself. The control box is in a state of disrepair and the changeable message sign which directs commercial operators into the facility needs to be replaced and upgraded with a new CMS sign.

While there are provisions in place for the prompt repair of the Facility, the original plumbing system (built with galvanized piping) was installed 42 years ago. It is supplying rust filled water and underground leaks are often detected and repaired at significant cost to the State.

The concrete traffic lanes which run the entire length of the Facility including the entrance and exit areas just north and south of the Facility have not been repaired since 1987. Currently there are 210 concrete slabs in need of repair or replacement. This accounts for over half of all concrete slabs in the Facility.

2. INTERIOR APPEARANCE

The Facility's interior was repainted in December of 2006. The vinyl floor tiles and counter tops are routinely cleaned; however, they are beyond their useful life and need replacing. We have submitted proposals for floor replacement through Facilities Section for the past three years, but we have not been granted a contract. We have not been granted a contract as of yet.

Due to the addition of sworn and non-sworn personnel assigned to the Facility after its original construction the scale house interior is no longer sufficient to fully accommodate their needs. This becomes particularly evident at each shift change when up to 20 employees are occupying the limited work space within the scale house interior. The Castaic Enforcement Facility currently has 37 full time employees assigned to the command. It also provides office space, locker room space and parking for an additional 6, full time, employees assigned to the Southern Division Commercial Unit. As a result, the female restroom/locker room inside the inspection facility has been converted for use by the male employees. Therefore, it is necessary for the 2 female clerical employees, 2 female inspectors and 1 female Division sergeant to utilize the restroom located within the administrative trailer adjacent to the Inspection Facility. This restroom also serves as a locker room for the 2 female inspectors and the 1 female sergeant. Any future assignment of female personnel will require immediate action to appropriately accommodate their needs.

3. EXTERIOR APPEARANCE

The lighting in the facility parking lot is insufficient. This is an item of safety for the employees inspecting and certifying commercial vehicles around the fringes of the Facility. There is a need to install new light standards on the north end of the Facility as well as additional flood lighting which could be mounted on the existing inspection building. The paved parking area is in poor condition and cracked in several places. It is in need of repair and crack sealing.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 3 of 3

Command: Castaic	Division: Southern	Chapter: 4
Inspected by: Sgt. D. E. Morrison, #11408		Date: October 6, 2009

5. EMPLOYEE PROTECTION AND FACILITY SECURITY.

The Area has a written Emergency Action Plan, in a clearly marked red binder, located in the bookcase, in the hallway next to the Sergeant's door. The plan contains the necessary information needed in case of an emergency. The training binder contains a CHP 712, (Employee Emergency Action Plan Review) for each employee, which is updated annually when the plan is reviewed. It should be noted that the facility's camera and monitoring system are outdated and in poor condition. While they are still functional, they serve as a minimal protection and have no ability to capture images for review. This entire system is scheduled to be replaced in the 2010/2011 fiscal year.

Commander's Response: ☐ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

The issues identified in the aforementioned "Inspector's Findings" will be addressed with a Caltrans "Minor Project" using funds captured for the 2010/2011 fiscal year.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/8/09
	INSPECTOR'S SIGNATURE D. E. Morrison #11408	DATE 10/06/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 10/22/09

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
South Los Angeles	Southern	530
EVALUATED BY		DATE
Sergeant J. Adkins		09/24/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE
<input type="checkbox"/> Formal Evaluation	<input checked="" type="checkbox"/> Informal Evaluation	09/25/2009
FOLLOW-UP REQUIRED		COMMANDER'S REVIEW
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report	DATE
BY _____		09/25/2009

1. USE AND ADEQUACY OF FACILITY

EVALUATED	ACTION REQUIRED	CORRECTED
	X	

- a. Is the facility adequate? ☐ Yes ☒ No
- (1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED	ACTION REQUIRED	CORRECTED
	X	

- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Tile floors throughout the facility show significant signs of wear including chipping, gouging and lifting corners. Carpeted areas of the facility are also well worn. The walls, ceilings and hallways are clean and freshly painted. Counter tops in the break room, rest rooms and women's locker room have chipped edges.
- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☐ Yes ☒ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☐ Yes ☒ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	September 2009
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?	The gates and doors are secured by a keypad locking systems.

3. EXTERIOR APPEARANCE	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	Neat, clean and conforms to the commercial office area in which it is located.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

4. AUXILIARY POWER	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b. Who knows how to start the unit should the self-starter fail?	Sergeants and maintenance personnel.		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Twice a year when the level gets down to 50% (600 gallons).

(1) At what level is it refilled? At the 50% mark (600 gallons).

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☒ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	In good working order.		
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. SAFETY INSPECTION	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. What improvements have been made by the commander as a result of the most recent inspection?	Light bulbs have been replaced and a defective chair in clerical has been replaced/repared.		
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) If so, what remedial action has been taken?	Several interior walls have been moved over the life of the facility in order to adjust individual room size to accommodate space needs.		

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: 535	Division: Southern	Chapter: 4
Inspected by: Lieutenant H. Currie		Date: 06/19/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Southern Division Due Date: 10/10/09		
Chapter Inspection: Facility			
Inspector's Comments Regarding Innovative Practices:			

The Command solicits suggestions from all employees, regardless of rank or classification, on innovative ways to conserve energy and resources.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

The focus of the inspection included Cal OSHA compliance, permits, regulations, maintenance, repairs, and electrical use. As a precautionary measure, the Area requested the Department of Industrial Relations, Cal OSHA Consultation Service, to conduct an inspection of the facility. On July 31, 2009, Ms. Jean Golestaneh conducted an inspection of the Area. Accordingly, all issues identified during the inspection have been rectified.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: 535	Division: Southern	Chapter: 4
Inspected by: Lieutenant H. Currie		Date: 06/19/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

Required Action - None

Corrective Action Plan/Timeline – N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10-07-09
	INSPECTOR'S SIGNATURE 	DATE 10-07-09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 10/22/09

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA 535	DIVISION Southern	NUMBER
EVALUATED BY Lieutenant H. Currie, ID #12048		DATE 06/19/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 07/17/2009
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Correction Report BY	COMMANDER'S REVIEW <i>H.C. LT. For</i>
		DATE 10-09-09
1. USE AND ADEQUACY OF FACILITY		EVALUATED ACTION REQUIRED CORRECTED

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED ACTION REQUIRED CORRECTED

- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops?

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

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AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours? All doors are lock with keys available to supervisory personnel only.		

3. EXTERIOR APPEARANCE

EVALUATED

ACTION REQUIRED

CORRECTED

a. Overall, what is the general appearance of the exterior of the facility?

b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

4. AUXILIARY POWER

EVALUATED

ACTION REQUIRED

CORRECTED

a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail?		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

- d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No
- e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No
- f. How often is the fuel supply replenished? Quarterly

(1) At what level is it refilled? Less than 10%

- g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

ACTION REQUIRED

CORRECTED

- a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

- b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

- c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

- d. Does the plan address dispatcher security? ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? No dispatching facility.

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

- e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	In good working condition.	

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. SAFETY INSPECTION

EVALUATED

ACTION REQUIRED

CORRECTED

a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?		

(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

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**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
Baldwin Park	Southern	525
EVALUATED BY	DATE	
Officer E. Lombard	09/28/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 12/31/2009	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW M. R. SHAW, Captain	DATE 10/23/2009
BY _____		EVALUATED Yes	ACTION REQUIRED Yes
CORRECTED Long-term issue			

1. USE AND ADEQUACY OF FACILITY

- a. Is the facility adequate? ☐ Yes ☒ No
- (1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☐ Yes ☒ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☐ Yes ☒ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED Long-term issue
------------------	------------------------	------------------------------

- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? In most places, the condition is minimally acceptable. Due to the age of the facility, many upgrades/improvements are not feasible. Many of the ceiling tiles have been repainted, but they are beginning to deteriorate due to their age. The rest of the facility shows signs of 24/7 usage for the past 45 years.
- (1) Is interior lighting adequate? ☐ Yes ☒ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☐ Yes ☒ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☐ Yes ☒ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☐ Yes ☒ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

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AREA MANAGEMENT EVALUATION

FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? April 2009		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours? See page 2 of the CHP 454.		

3. EXTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility? The facility is identified as a CHP office with a small hanging sign at the street and lettering on the building.			
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

4. AUXILIARY POWER	EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail? Supervisors			
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? As needed

(1) At what level is it refilled? When the tank reaches 100 gallons

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED
N/A

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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AREA MANAGEMENT EVALUATION **FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?		
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED Yes	ACTION REQUIRED No
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	The Area aggressively pursued the replacement of the fuel island in order to provide convenient, lower cost fuel. Additionally, an electric gate will be installed on the southeast side of the building in order to allow for safer traffic flow throughout the rear parking lot.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	The Commander has engaged in discussions with Facilities Section and Administrative Services Division to ensure that once the state's fiscal condition improves, facility upgrades or a facility replacement of the Baldwin Park Area will be seriously considered.	

AREA MANAGEMENT EVALUATION SUPPLEMENT

CHP 454 (Rev. 5-06) OPI 009

SUBJECT: Chapter 4 - Facility Maintenance and Security Evaluation

DATE: 09/28/2009

SECTIONS	COMMENTS
1	<p>The Baldwin Park Area office is grossly undersized for the number of personnel assigned to the facility. Currently, there are approximately 120 uniformed personnel and 20 non-uniformed personnel assigned to the Area. This includes Division MREs and MCSs who are housed at the office. Because of the lack of space, several Special Duty officers and the Division personnel utilize a modular trailer in the rear parking lot for office space. Additionally, the women's locker room is housed in the modular trailer. During inclement weather, personnel must walk across the rear lot, absent any shelter, in order to access the rest of the facility. The sergeants and managers use the telephone equipment storage room as a locker room since there is insufficient space within the main locker room. Additionally, due to the inadequate storage space within the facility, several sheds and other "out-buildings" are used to store Area equipment and supplies. The EMT/oversized equipment lockers located in the carport have become severely weathered and are in need of replacement. However, there is no room for them within the facility. The Automotive Technicians have very limited space and they must work in a wide array of conditions. Although the lone work bay is covered, they are exposed to heat, cold and damp conditions. Furthermore, in order to maintain the fleet of over 50 vehicles, one work bay is not sufficient, however there is no space for a second one. The interior lighting is insufficient and inadequate. Due to the age of the lighting, many of the fixtures need to be replaced. Repair of the existing fixtures has become increasingly more difficult due to the age of the hardware. Although the Area is classified as "neat and businesslike" in the inspection report, the Area is certainly not a welcoming environment for the employees who spend their workday there or a positive representation of the Department to those who visit. Furniture is organized in the best possible configuration, recognizing that there is insufficient space to modify the furniture arrangement to provide the appropriate workspace for all employees.</p>
2	<p>The men's restroom does not provide for disabled access. As mentioned above, locker room space is inadequate. The men's locker room does not have sufficient space for all uniformed personnel and there is no women's locker room within the Area office. The women's locker room is located in a modular trailer in the rear parking lot. The lockers have the employee's names affixed to them, but many of them are very old and difficult to secure. The Area lacks sufficient bulletin board space. Subsequently, many of the glass windows in the hallway have become common areas to post over-time details and other general information. Facility security after hours rests with the officers and</p>

DATE: 09/28/2009

c454_506.pdf

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: Baldwin Park	Division: Southern	Chapter: 4
Inspected by: Officer E. Lombard		Date: 10/23/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 5	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Southern Div. & OINS Due Date: 10/10/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

Due to their age, many of our offices are in poor condition. They are grossly undersized, ill-equipped for contemporary law enforcement, technologically deficient, not in keeping with current safety standards and certainly not representative of the professionalism of the agency. Obviously, the cost to build new facilities is significant; however, we should look to alternative funding sources and at acquiring buildings that have been vacated. Many agencies have taken over vacated "big box" stores or auto dealerships and gutted them for their new stations. We could search for existing buildings that would need remodeling only. Many cities would be interested in having the CHP enter a long-term lease. Many of the environmental impact evaluations would already be complete, and the negative aspects of "new construction" could be avoided.

Inspector's Findings:

See attached CHP 453D and CHP 454s.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

This inspection accurately represents the present condition of the Baldwin Park Area.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT


Page 2 of 2

Command: Baldwin Park	Division: Southern	Chapter: 4
Inspected by: Officer E. Lombard		Date: 10/23/2009

Required Action

Corrective Action Plan/Timeline

The items discussed in the Chapter 4 inspection are long-standing issues that will require a significant financial investment to correct. None of the items noted require immediate attention.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE M. R. SHAW, Captain	DATE 10/23/2009
	INSPECTOR'S SIGNATURE E. LOMBARD, Officer	DATE 10/23/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 10/27/09